

Docket No. 0660-0166-0X CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Theresa TERNYNCK et al

GAU: 1648

SERIAL NO: 09/497,997

EXAMINER: BROWN

FILED: February 4, 2000

FOR: VECTORS DERIVED FROM ANTIBODIES FOR TRANSFERRING SUBSTANCES INTO CELLS

REQUEST FOR EXTENSION OF TIME
UNDER 37 C.F.R. 1.136

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

SIR:

RECEIVED

MAR 11 2002

OFFICE OF PETITIONS

It is hereby requested that a **THIRD-ONE MONTH** extension of time be granted to **February 28, 2002** for

- ☒ filing a response to the Official Action dated: August 31, 2001
- ☐ responding to the requirements in the Notice of Allowability dated:
- ☐ filing the Formal Drawings. The Issue Fee due has been timely filed.
- ☐ responding to the Notice to File Missing Parts of Application dated:
- ☐ filing a Notice of Appeal. A timely response to the final rejection, due has been filed.
- ☐ filing an Appeal Brief. A Notice of Appeal was filed on:
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown below is reduced by one-half.

The required fee of **\$520.00** is enclosed herewith by check and any further charges may be made against the Attorney of Record's Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Norman F. Oblon
Registration No. 24,618

Daniel J. Pereira, Ph.D.
Registration No. 45,518



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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/4/02</u>		2 Serial/Patent # <u>09497997</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	<u>18</u>	<u>01/31/02</u>	\$ <u>320</u>							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input checked="" type="checkbox"/>	Other	<u>21</u>	<u>3/1/02</u>	\$ <u>520</u>							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>5</td><td>--</td><td>0</td><td>0</td><td>3</td><td>0</td> </tr> </table>			1	5	--	0	0	3	0
1	5	--	0	0	3	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Cliff Congo</u>		TITLE: <u>Pat atty</u>									
SIGNATURE: _____		PHONE: _____									
OFFICE: <u>Office of Refunds</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelley</u>		DATE: <u>6/4/02</u>									

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